

N. B. - In case of more than one child at a birth, a separate certificate must be made for each, and the number of each.

PLACE OF BIRTH

1. County of Gila  
District of Young  
Town of \_\_\_\_\_  
or \_\_\_\_\_  
City of \_\_\_\_\_

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 121  
County Registrar No. \_\_\_\_\_  
Local Registrar No. \_\_\_\_\_

2. Full name of child Margaret Louise Ross  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)  
St. \_\_\_\_\_ Ward \_\_\_\_\_  
If child is not yet named, make supplemental report, as directed.

3. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other \_\_\_\_\_ 5. Legitimate? yes 6. Date of birth Feb. 2, 1926  
Month Day Year

8. FATHER

Full name Geoff Ross Jr.

9. Residence (Usual place of abode) Young, Ariz.  
If nonresident, give place and state

10. Color or race white 11. Age at last birthday 47 (Years)

12. Birthplace (city or place) Grand City  
(State or country) Mo.

13. Occupation Farmer  
Nature of industry

14. MOTHER

Full maiden name Grace Owring

15. Residence (Usual place of abode) Young Ariz.  
If nonresident, give place and state

16. Color or race white 17. Age at last birthday 32 (Years)

18. Birthplace (city or place) \_\_\_\_\_  
(State or country) Montana

19. Occupation Housewife  
Nature of industry

20. Number of children of this mother { (a) Born alive and now living 6  
(b) Born alive but now dead 1  
(c) Stillborn \_\_\_\_\_  
(Taken as of time of birth of child herein certified and including this child.) 21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive at 2:30 am. on the date above stated.  
(Born alive or stillborn.)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature Mary A. Hines midwife  
(Physician or midwife)  
Address Young

Given name added from a supplemental report \_\_\_\_\_  
Month, day, year.

Filed 3-6 1926 Olea Young  
Local Registrar.  
County Registrar.

Registrar.

492-30-17